Best Available Copy

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  09683943													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			3 )				R	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEI	370.00	OR	Basic Fee	740.00	İ
TOTAL CHARGEABLE CLAIMS			3) minus 20=		. 12		X	\$ 9=		OR	X\$18= <sup>1</sup> /	5316.9	þ
INDEPENDENT CLAIMS			U minus 3 =		•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X42=		OR	X84=  .	584.9	P
MUI	TIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If 1	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	L	OTAL		OR	TOTAL		
Golumn 1) (Column 2) (Column 3)										•	OTHER		
9	<i>V</i>	(Column 1) CLAIMS			mn 2) (EST	(Column 3)	SI	WALL	ENTITY	OR	SMALL		
AMENDMENTA		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 41	Minus	** 3	32	<u>-</u> 9	×	\$ 9=		OR	XIII	<b>45</b> 0	
	Independent	• 4	Minus	*** (	F	•	<b>C</b>	<b>2</b> =	<b>@</b>	OR	1885	<del>ට</del> ත්ව	
~	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEŅ	TCLAIM			 140=		OR	+280=		2
							<u> </u>	TOTAL			TOTAL		ľ
		(Column 1)		(Calu	ımn 2)	(Column 3)	ADD	IT. FEE	<b></b>	10	ADDIT. FEE	<del></del>	1
AMENDMENT B		CLAIMS		HIGI	HEST	(COIDITAL S)			ADDI-	1		ADDI-	ł
		REMAINING AFTER		PREV	ABER IOUSLY	PRESENT EXTRA	A	ATE	TIONAL		RATE	TIONAL	
		AMENDMENT			FOR	ļ			FEE			FEE	ł
	Total	*	Minus Minus	**	<del></del>	=	Ľ	\$ 9=	<b> </b>	OR	X\$18=		1
	Independent	* NTATION OF MI		PENDEN	T CLAIM		)	(42=	<u> </u>	OR	X84=		1
							+	140=		OR	+280=		
							AD5	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADL	ni. PEE			ADDIT: 1 EE		1
		CLAIMS		HIG	HEST				ADDI-	1		ADDI-	1
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	##		=	×	(\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	444		=		 (42=		OR	X84=		1
_	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIN				1	1	.000		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	<b></b>	4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													4
	The "Highest Nur	nber Previously Pa	id For (Total o	r Indepen	ident) is th	e highest number	r found	in the a	ppropriate bo	x in co	olumn 1.		